



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# TIAA-CREF FUNDS ACCOUNT SERVICES FORM

Complete this form to add services or make changes to one of your non-IRA accounts with TIAA-CREF Funds. Please refer to the fund prospectus for more detailed information on each of these service options.

**Send your signed and completed Form to TIAA-CREF Funds in the enclosed customer reply envelope.**

**Please call 1 800 223-1200 with any questions, Monday through Friday, 8:00 a.m. – 10:00 p.m. (ET).**

*Regular Mailing Address*  
TIAA-CREF Funds  
P.O. Box 55081  
Boston, MA 02205-5081

*Overnight Mailing Address*  
TIAA-CREF Funds  
30 Dan Road  
Canton, MA 02021-2809

## 1 ACCOUNT INFORMATION

Please fill out this section with your account number and current registration.

_____	_____	_____
First Name	Middle Initial	Last Name
Day Time Phone Number		Evening Phone Number
[ ][ ]-[ ][ ]-[ ][ ][ ][ ]		
Social Security Number/Individual Taxpayer Identification Number		

### Joint Owner's Name

_____	_____	_____
First Name	Middle Initial	Last Name
Day Time Phone Number		Evening Phone Number
[ ][ ]-[ ][ ]-[ ][ ][ ][ ]		
Account Number		

## 2 ADDRESS CHANGE

**Please print new mailing address.**

### Check here to:

Change both shareholders addresses

\_\_\_\_\_

Address Street or P.O. Box (APO and FPO addresses will be accepted.)

\_\_\_\_\_

Address If the above address is a P.O. Box, you must also provide a street address.

\_\_\_\_\_

City	State	Zip Code
------	-------	----------

## 3 DISTRIBUTION OPTIONS

**Please change my distribution option to:**

- Dividends & Capital Gains Reinvested
- Dividends & Capital Gains in Cash
- Dividends in Cash & Capital Gains Reinvested
- Dividends Reinvested & Capital Gains in Cash

Dividends Exchange **(See section 12 for mutual fund codes)**

Take dividends and capital gains earned in the mutual fund account referred to in Section 2 and reinvest them in:

**From:**

**To:**

Fund Account Number [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Fund Account Number [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Both accounts must be identically registered.**

# 4

## PURCHASE PRIVILEGES

These privileges allow you to invest with payments made by ACH (Automated Clearing House) from your designated bank account to your existing mutual fund account (\$100 minimum). It takes up to 10 days to initiate this service. **(Also complete Sections 7 and 10.)**

- Telephone/Online Purchase
- Automatic Investment Plan (Semimonthly investments occur on both the 1st and 15th, while monthly investments occur on either the 1st or the 15th)

FUND NAME	FUND CODE (See section 12)	AMOUNT	FREQUENCY		START DATE (MONTH)	TIME INTERVAL	
			SEMI-MONTHLY	MONTHLY		1ST OF THE MONTH	15TH OF THE MONTH
_____	___	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

# 5

## EXCHANGE PRIVILEGES

These privileges permit exchanges among TIAA-CREF Funds with the same account registrations (\$50 minimum to an existing account/\$2,500 minimum to a new account or UGMA/UTMA). The minimum initial investment for Traditional IRAs, Roth IRAs, or Coverdell Education Savings Accounts is \$2,000. All mutual fund names and numbers are listed in Section 12.

- Telephone/Online Exchange
- Systematic Exchange (You must have a minimum balance of \$5,000 in your account to initiate this service.)

Investment Schedule (Check one):  
 Monthly                       Quarterly

Month to Begin Exchange: \_\_\_\_\_

Monthly Amount to Be Exchanged:

\$ \_\_\_\_\_

Exchange Date:

1st of the Month    or     15th of the Month

From Fund Account Number \_\_\_\_\_-\_\_\_\_\_

To Fund Account Number \_\_\_\_\_-\_\_\_\_\_

# 6

## REDEMPTION PRIVILEGES

These privileges let you redeem shares with proceeds mailed to your account's address, transferred to your bank by ACH (Automated Clearing House), or wired to your bank account. (\$5,000 minimum for wire redemptions. It takes 10 days to initiate this service. **(Also complete Sections 7 and 10.)**

- Telephone Redemption
- Telephone Redemption by ACH or Wire
- Systematic Redemption (You must have a minimum balance of \$5,000 in your account to initiate this service. A check will be sent to the address on the account, unless otherwise instructed.)

FUND NAME	FUND CODE (See section 12)	AMOUNT	FREQUENCY		START DATE (MONTH)	TIME INTERVAL	
			MONTHLY	QUARTERLY		1ST OF THE MONTH	15TH OF THE MONTH
_____	___	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

# 7 BANK INFORMATION

Complete this section if you requested the Telephone Purchase Privileges or Automatic Investment Plan in Section 5, the Telephone Redemption Privileges by ACH or wire in Section 6, or if you're updating bank information on your account. **(Also complete Section 10.)**

Type of Account  Checking  Savings

\_\_\_\_\_  
Name of Primary Account Owner

\_\_\_\_\_  
Name of Joint Account Owner

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
ABA Routing Number

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Account Number

**YOU MUST ATTACH A VOIDED BANK CHECK OR PRE-PRINTED SAVINGS DEPOSIT SLIP.  
Your initial investment check cannot be used.**

# 8 SHAREHOLDER NAME CHANGE

Please fill out this section if you would like to change your name on your TIAA-CREF Funds account. You cannot use this form to remove a shareholder from an account. **(Also complete Section 10.)**

\_\_\_\_\_  
Former Name (Old Name)

\_\_\_\_\_  
Current Name (New Name)

# 9 SIGNATURE(S)

Please sign exactly as the name(s) of the registered owner(s) appear(s) on your Account Confirmation Statements. All owners must sign.

**PLEASE SIGN HERE**

**X**

\_\_\_\_\_  
Individual (or Custodian) Signature Date

**X**

\_\_\_\_\_  
Joint Owner Signature (if applicable) Date

# 10 MEDALLION SIGNATURE GUARANTEE

To add Purchase Privileges in Section 4 or Redemption Privileges in Section 6 or update bank information on your account in Section 7, or change your name in Section 8. You must have the signature(s) in Section 9 medallion signature guaranteed.\*

\* A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange.

# 11

## CHECKWRITING PRIVILEGE

### For Money Market Fund only.

Complete this section for check writing privileges. All shareholders must sign below. However, only one signature will be required on each check.

You can write checks for \$250 or more on your TIAA-CREF Money Market Fund. A checkbook will be mailed to the address on the account 10 days after account has been established.

**Please note:** You cannot write a check to redeem shares from the Money Market Fund for 10 days after sending us a check or automatic investment plan payment to purchase shares in the fund, or if your Money Market Fund Account does not otherwise have a sufficient balance to support the redemption check.

By signing this form, I agree to all of State Street Bank's checking account rules, and to any conditions and

limitations on redeeming shares of the TIAA-CREF Money Market Fund by check, including any described in the TIAA-CREF Mutual Funds prospectus. I also agree that:

- State Street Bank is authorized to effect a redemption of sufficient shares in my account to cover payment of checks drawn upon this account.
- State Street Bank and TIAA-CREF Funds reserve the right to change, revoke, or close any checking account and neither shall incur any liability to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks that have not been accepted.
- The signatures are authentic, and, for organizations, I have submitted an original or certified resolution authorizing the individuals with legal capacity to sign and act on behalf of the organization.

### PLEASE SIGN HERE

Print Name

Print Name

X

X

Signature

Date

Signature

Date

# 12

## MUTUAL FUND CODES

### RETAIL CLASS

#### FUND NAME (FUND CODE)

**Bond** (66)

**Bond Index** (91)

**Bond Plus** (96)

**Emerging Markets Equity** (67)

**Emerging Markets Equity Index** (69)

**Equity Index** (65)

**Growth & Income** (64)

**High-Yield** (95)

**Inflation-Linked Bond** (90)

**International Equity** (61)

**Large-Cap Growth** (68)

#### FUND NAME (FUND CODE)

**Large-Cap Value** (85)

**Managed Allocation** (99)

**Mid-Cap Growth** (86)

**Mid-Cap Value** (87)

**Money Market** (63)

**Real Estate Securities** (89)

**Retirement Income** (70)

**Short-Term Bond** (97)

**Small-Cap Equity** (88)

**Social Choice Equity** (62)

**Tax-Exempt Bond** (98)